

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Bilateral Dislocation of the Fourth Cervical Vertebra forwards; Death in twenty-five and a half hours; Post-mortem Examination; Account read and Specimen exhibited at the Scott County (Iowa) Medical Society, in Davenport, December 5, 1872. By R. J. FARQUHARSON, M.D.

At 9 A.M., Nov. 19th, a heavy, muscular man fell backwards down a flight of ten steps, striking his head against a box, which was standing a few feet from the foot of the stairs; when found he was doubled up against the side of the box, with his feet resting on the lower step.

At 7 P.M., when seen by Dr. Middleton, it was difficult to make out his symptoms, owing to his partial intoxication; however, it was ascertained that he had not passed urine since the accident; he was conscious and rational, spoke of his friends, of how much money he had, etc. He was sitting up in a chair, supported by two or three women; he complained of great tenderness from pressure in one spot at the back of the neck, but no irregularity in the ridge of spinous processes could be felt. He also complained of a sense of impending suffocation when his head was raised up, though it was done at his urgent request; this movement, if carried too far, caused him to cry out from excessive pain; he said he had no feeling in his hands, arms, legs, or feet.

November 24th, 10 A.M., was first seen by the reporter, when his condition was as follows:—

Decubitus dorsal, with head on a small pillow, and face turned slightly to one side; pillow wet with fluids, vomited or spit out; perfectly conscious, and answered questions in an audible voice, somewhat influenced by his rapid breathing; face pale and covered with large drops of warm perspiration; skin of body and extremities also warm and moist; respiration 44, and sighing, being entirely diaphragmatic; chest fixed; pulse 144, full and soft, with no perceptible weakness; no priapism; drew off about thirty fluidounces of high-coloured urine, a few drops of blood with the first part, the remainder clear. Just as the urine ceased to flow, his face changed and his breathing stopped suddenly, the pulse continuing for some seconds and then ceased; a few spasms of the grinding muscles of the lower jaw took place as it dropped. Soon after death the face, which had been pale, became suffused and lived.

Sectio cadaveris, twenty-nine hours after death.—Rigidity marked; fine muscular development, weight about 170 pounds; bright fluid blood coming freely from the nostrils; spinal column in the cervical region only examined; examination made with great difficulty, owing to the fact of the body being in a coffin and in a small dark outhouse. Upon cutting through the skin and fascia, at the back of the neck, and coming down into the muscles, there was found at the left side a collection of dark fluid blood, and upon examination with the finger, an opening in the yellow ligament was found, through which the finger *easily* passed, and the edges of the laminae (in which no fracture was detected) could be felt, and also the spinal cord with

the dura mater unbroken. The space between the laminæ of the fourth and fifth vertebræ readily admitted the finger, and must have been at least an inch in width.

Upon removing the cervical vertebræ (except the atlas), the dislocation was found to have been reduced by the force of the removal, but the unnatural mobility, at the junction of the fourth and fifth vertebræ, the rupture of the ligamenta sub-flava on each side, together with the rupture of the ligaments of the oblique articulations, all plainly showed the site of the lesion. Just at the lower part of the front of the body of the fourth vertebra, the anterior common ligament was detached and raised into a fold, which extended across the body.

Congenital Fracture of Clavicle. By A. B. De Luna, M.D., of New York.

Mrs. B—, æt. 32, in good health, and in the ninth month of pregnancy, fell down stairs bruising one of her legs, and striking the abdomen against a wooden tub she was carrying at the time. On reaching her room immediately after the fall, she complained of pain on one side of the abdomen, though not very severe; faintness, and strong movements of the child in utero. These sensations, however, gradually disappeared on assuming the recumbent position for a few hours, and she reached her full term, which was two weeks after this, without further trouble, being then delivered, after a short natural labour, of a male infant apparently healthy, according to the mother's testimony.

A few days after her confinement on dressing the child, she noticed something on his neck which she described as "a lump," and to which she called the attention of the midwife who had attended at her labour. This person, however, could not account for it, and as the child was quiet and seemed to suffer no pain, no more was thought about it for the time being. When a little over two weeks old, icterus became developed; the little one began to waste away rapidly, and as he lost flesh, the deformity about the neck became more and more apparent.

After a few days, during which no improvement had taken place in his condition, I was called to see the child. He was now about four weeks old; the skin was resuming its normal appearance, but he was greatly emaciated, and seemed very small, even making allowance for his wasted condition. On uncovering him, the first thing that attracted my attention was the deformity about the neck, which on examination proved to be a fracture of the clavicle near the acromial extremity, united by bony callus with considerable overlapping, and which, according to all appearances, must have occurred in utero at the time of the mother's fall, six weeks before. The other bones were intact, and seemed well developed, though very small.

Diffused False Traumatic Aneurism of Popliteal Artery; Ligature of Femoral; Recovery. Reported by GEORGE N. MONETTE, M.D., Visiting Physician to Charity Hospital, New Orleans, La.

J. R., æt. 25 years, was admitted to hospital on September 23d, with pistol-shot wound of each thigh, received on 8th instant. One entered inner side of right thigh, two inches below the inferior margin of Scarpa's triangle, ranging transversely and superficially beneath the integument, lodging on opposite and external border, embracing a diameter of four inches. There was a sudden hemorrhage, which was soon checked. No

other complication existed; the ball was excised same day; wound healed kindly.

The ball entering left leg, $3\frac{1}{2}$ inches above patella, ranged through posteriorly and on inner side of femur, severing one of the branches of the popliteal. Upon admission, he complained of some pain, the ball wounds were cicatrized firmly; a slight tremor was perceptible midway between two wounds. I ordered perfect immobility of limb, with cold water dressing for five days. He walked about the hospital during my absence, which broke up the adhesions, causing a different false aneurism. A distinct aneurismal thrill was felt on third day between the entrance and exit ball wounds. The femoral artery was compressed by the patients under my direction, until he could endure it no longer. The tourniquet was substituted, but with like want of success. Flexion upon the thigh was next resorted to, which compressed the tumour, diminished the size, and effected an almost perfect cure. He felt well enough to go home, walked several squares, when the aneurism reappeared. Seven days after leaving the hospital, he came under the care of Dr. W. After consultation, ligature of femoral was decided upon, which was done at inferior angle of Scarpa's triangle. The wound healed by first intention, absorption took place readily, and the aneurism disappeared. Ligature of femoral was only necessitated by his imprudence, otherwise the aneurism would have been cured by flexion.

285 Magazine St.

Chlorate of Potassa in Bowel Complaints.—ALFRED S. GATES, M.D., of Franklin Parish, St. Mary's, La., in a communication to us, extols the efficacy of chlorate of potassa in diarrhoea, especially that occurring as a sequela of measles. He writes: "My own child, æt. 18 months, after an attack of measles, suffered from dysentery; passages occurring every hour or two, which persisted for a month without any relief from the accepted remedies. In my extremity I mentioned the case to a medical friend, who advised me to use the chlorate of potassa in gr. iv doses every two hours; accordingly I prescribed: R. Potass. chlor. gr. xxxij, syr. simp. ʒss, aq. pur. ʒss, and gave as directed. After the third dose the character of the discharges was completely changed, the blood and mucus disappeared, and the child made a rapid recovery.

"Measles being epidemic, I saw several other cases with identical symptoms following desquamation. In every case the sufferers were relieved by the remedy. Meeting with success, I determined to give it a fair trial in cases which West, in his "Diseases of Children," calls inflammatory diarrhoea. It fully and completely realized my expectations. I have also used it in the dysentery of adults, though with no such decided success as in the above-mentioned cases; though I have reason to suppose that in two cases, in which my faith was shaken, the directions were not followed with any attempt at regularity."

A Case of Amputation of the Leg without Hemorrhage, by reason of Thrombosis. By E. P. SALE, M.D., of Aberdeen, Miss.

The reading of Dr. Liddell's paper upon "Thrombosis of Bloodvessels of the Lower Extremities" (see No. of this Journal for Jan. 1873) recalled to mind the case of David S., æt. 20, who was standing on a log, cutting, when the axe, which weighed five pounds, glanced on a bush and struck his foot just posterior to the tarso-metatarsal articulation, severing the foot al-

most entirely. He was seen by a neighbouring physician who found the hemorrhage very profuse, and which was not controlled entirely until after a period of eight hours, the amount of blood lost could not be accurately ascertained. I saw him twenty hours after the receipt of injury, he was then suffering much from shock and consequences of hemorrhage, evidenced by the hippocratic countenance, coldness of cutaneous surface, vomiting, and being pulseless; his condition was almost one of exsanguination; there was then no hemorrhage of consequence. Amputation was determined upon, but owing to his extreme anæmia, and for other reasons unnecessary to mention, it was postponed for a week, after which period, the portion of foot anterior to the wound was found to be gangrenous. The leg was amputated by Dr. Lowe just above the ankle, by the circular method; *no hemorrhage followed the operation*, and after watching the stump for several hours it was found unnecessary to apply even a single ligature; the patient reacted well and progressed, we are told by his friends, without an unfavourable symptom to complete recovery.

What agent rendered the operation bloodless? I cannot account for it, except by *thrombosis* of the anterior tibial, posterior tibial, and peroneal arteries and their recurrent branches; the state superinduced by anæmia which rendered the blood hyperinotic, as in formation of heart clot after a profuse *post-partum* hemorrhage.

DOMESTIC SUMMARY.

Quinia as a Parturient.—Dr. WM. L. LINCOLN, in his report on Obstetrics, made to the Minnesota State Medical Society, states that he confidently believes that quinia is a “valuable agent when dilatation has taken place, and the pains are not strong; we are sure that we have observed labour materially shortened by the administration of five grains of quiniæ sulph. And again, when the pains are irregular in regard to duration and interval, we have observed, in half an hour after the exhibition of the dose of quinia, regular pains as to strength and interval. One or two marked cases have come under our own observation, which bear upon the subject matter under consideration.

On the tenth day of June last we saw a lady who supposed herself to be in the fifth month of pregnancy, who had been flowing more or less all the time for three weeks, and had been taking remedies to prevent miscarriage, but who for the preceding twenty-four hours had been having occasional labour pains. An examination revealed a dilating os, but the pains were very irregular, sometimes occurring every four minutes for three or four pains and then there would be an interval of twelve minutes or more.

After watching the progress of labour for an hour, she got six grains of quinia, and in about half an hour we had the extreme satisfaction of observing that the pains were regular and strong until labour was completed, which occupied about an hour and a quarter. The doctrine has been advanced that if it is so certain a parturient it would be unsafe to administer quinia to pregnant women as a remedy in malarial fevers, for at any time the uterus might be stimulated to take on expulsive contractions. So far as we have noticed, no writer on the subject of malarial fever, gives a word of caution on the subject in days gone by, and we suppose that pregnant women have swallowed their portion of the potent drug in question; and if such are the facts, the question arises, why did not the whole malarial region of our land become depopulated in a generation, from miscarriage?

In the month of September two cases presented themselves for a test in this matter, and although the number is too small to be of much moment, yet they